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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 009000002   | (   | CITY OR TOWN BERKLEY   |
|---|---|--|
| APPLICATION FOR RENEWAL:  | Annual  | LICENSED FOR 2013  |
|   | CLASS   | YEAR   |
| LICENSEE NAME: BERKLEY PO<br>DOING BUSINESS A<br>ADDRESS 80 MYRICKS ST  | OST #121 AMERICAN LE  | GION   |
| CITY/TOWN: BERKLEY  | STATE: MA   | ZIP CODE: 02779  |
|   | TYPE OF LICENSE: Club   |  |
| EMAIL ADDRESS:  |   |  |
| DESCRIPTION OF LICENSED PRE TWO STORY, SIX ROOMS, FIVE E.  I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open | XITS  Ilties of perjury that:  e of the same type for the so with all laws of the Commo | onwealth relating to taxes; and  |
| SIGNED BY Individual, Par   | rtner or Authorized Corpora   | ate Officer  |
| DATE: TELEPH  | HONE NUMBER:  | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  |
| Acts of 2004, signed by the building  | g inspector and the head  | certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)   |   | LOCAL LICENSING AUTHORITY By:  |
| DATE:   |   |  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUME  | BER: 009000011  |  | CITY OR TOWN   | BERKLEY  |                                |
|---|---|--|--|--|--------------------------------|
| APPLICATION I   | FOR RENEWAL:  | Annual   | LICEN  | SED FOR 20   | 13                             |
|   |   | CLASS  |  | •  | YEAR                           |
| LICENSEE NAM<br>DOING BUSINE<br>ADDRESS 132 M   |   | E PIZZA AND RESTA  | URANT, INC.  |  |                                |
|   |   | STATE: MA  | ZIP CODE:  | 02770  |                                |
| CITY/TOWN: I  |   |  |  | 02779  |                                |
| MANAGER: A D  | GUIAR, MARIA TY<br>).   | PE OF LICENSE: Res   | staurant CA  | ATEGORY:   | All Alcohol                    |
| EMAIL ADDRES  | SS:   |  |  |  |                                |
| DESCRIPTION A   |   | WEBSITE AND ENTER YOUR EN  | MAIL ADDRESS   |  |                                |
|   | OF LICENSED PREMI<br>ONE STORY BLDG, S  |  | OF RLDG  |  |                                |
|   | ——————————————————————————————————————  |  |  |  |                                |
|   |   |  |  |  |                                |
|   | ensee has complied with   |  | =  | taxes; and   |                                |
| SIGNED BY   |   | er or Authorized Corpo   |  |  |                                |
|   | Individual, Partne  | er or Authorized Corpo   | orate Officer  | IDENTIFICATI   | ON NUMBER:                     |
| SIGNED BY   | Individual, Partne  |  | orate Officer  | IDENTIFICATI   |                                |
| DATE:  We the undersig Acts of 2004, sig  | Individual, Partne  | er or Authorized Corpo<br>NE NUMBER:<br>e in possession (1) the<br>aspector and the head | EMPLOYER (Note: NOT Ind  | ividual Social Se ed by Chapte nent for the a                      | r 304 of the                   |
| DATE:  We the undersig Acts of 2004, signamed license a   | Individual, Partne TELEPHON gned, attest that we are gned by the building in nd (2) the certificate o | er or Authorized Corpo<br>NE NUMBER:<br>e in possession (1) the<br>aspector and the head | EMPLOYER (Note: NOT Ind  | ividual Social Se<br>ed by Chapte<br>nent for the a<br>Chapter 116 | r 304 of the above of the Acts |
| DATE:  We the undersig Acts of 2004, sig named license a of 2010.   | Individual, Partne TELEPHON gned, attest that we are gned by the building in nd (2) the certificate o | er or Authorized Corpo<br>NE NUMBER:<br>e in possession (1) the<br>aspector and the head | EMPLOYER (Note: NOT Indece certificate required lof the fire departs rance required by   | ividual Social Se<br>ed by Chapte<br>nent for the a<br>Chapter 116 | r 304 of the above of the Acts |
| DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below: APPROVED:  DISAPPROVED | Individual, Partne TELEPHON gned, attest that we are gned by the building in nd (2) the certificate o | er or Authorized Corpo<br>NE NUMBER:<br>e in possession (1) the<br>aspector and the head | EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme | ividual Social Se<br>ed by Chapte<br>nent for the a<br>Chapter 116 | r 304 of the above of the Acts |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 009000012   | CITY OR TOWN   | BERKLEY   |  |  |
|---|--|---|--|--|
| APPLICATION FOR RENEWAL: Ar   | nnual LICEN  | LICENSED FOR 2013   |  |  |
| CI  | ASS  | YEAR  |  |  |
| LICENSEE NAME: NELSON AGUIAR  |  |   |  |  |
| DOING BUSINESS A COUNTRY SIDE PACKAG  | E STORE  |   |  |  |
| ADDRESS 130 MYRICKS STREET  |  |   |  |  |
| CITY/TOWN: BERKLEY STATE  | E: MA ZIP CODE:  | 02779   |  |  |
| MANAGER: AGUIAR, NELSON TYPE OF LICE  | ENSE: Package Store CA                                       | ATEGORY: All Alcohol                                      |  |  |
| EMAIL ADDRESS:  |  |   |  |  |
| PLEASE ALSO VISIT OUR WEBSITE AND EN DESCRIPTION OF LICENSED PREMISES:  | TER YOUR EMAIL ADDRESS                                       |   |  |  |
| I hereby certify and swear under penalties of perjury  1. the renewed license will be of the same ty  2. the licensee has complied with all laws of  3. the premises are now open for business (I | pe for the same premises now<br>the Commonwealth relating to |   |  |  |
| SIGNED BY Individual, Partner or Authori  | zed Corporate Officer  |   |  |  |
| D. ATTE   |  |   |  |  |
| DATE: TELEPHONE NUMBE   | IX.  | R IDENTIFICATION NUMBER: lividual Social Security Number) |  |  |
| Please Check Below:   | LOCAL LICENS   | SING AUTHORITY  |  |  |
| APPROVED:   | By:  | ING AUTHORITT   |  |  |
| DISAPPROVED:  | Ž  |   |  |  |
| (If disapproved explain)  | -  |   |  |  |
|   |  |   |  |  |
| DATE:   |  |   |  |  |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER:  | 009000015   |                        | CITY OR TO     | WN BERKLEY                                | (           |
|--|---|------------------------|----------------|---|-------------|
| APPLICATION FOR  | RENEWAL:  | Annual                 | L              | ICENSED FOR 2                             | 013         |
|  |   | CLASS                  |                |   | YEAR        |
| LICENSEE NAME:   | THE COMMON CI   | ROSSING CORP.          |                |   |             |
| DOING BUSINESS A   | THE COMMON O  | CROSSING               |                |   |             |
| ADDRESS 11 NORT  | H MAIN STREET   |                        |                |   |             |
| CITY/TOWN: BERK  | KLEY  | STATE: MA              | ZIP COD        | E: 02779                                  |             |
| MANAGER: JACK  | SON, TYP:<br>ABETH  | E OF LICENSE: Pa       | ackage Store   | CATEGORY:                                 | All Alcohol |
| EMAIL ADDRESS:   |   |                        |                |   |             |
| PI   | LEASE ALSO VISIT OUR WE   | BSITE AND ENTER YOUR I | EMAIL ADDRESS  |   |             |
| DESCRIPTION OF L   | ICENSED PREMIS  | ES:                    |                |   |             |
| 3000 SQ.FT, SINGLE<br>SIDE DOORS. HAND<br>BUILDING, GAS PU         | OICAP RAMP AT O   | NE OF SIDE DOO         |                |   |             |
| 2. the licensee  | d license will be of the has complied with as are now open for be | all laws of the Com    | monwealth rela |   |             |
| SIGNED BY  | Individual, Partner   | or Authorized Corp     | oorate Officer |   |             |
| DATE:  | TELEPHONE   | E NUMBER:              |                | OYER IDENTIFICATE  OT Individual Social S |             |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | <br>n)  |                        | LOCAL LIG      | CENSING AUTH                              | ORITY       |
| DATE:  |   |                        |                |   |             |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM             | MBER: 009000018                                       |                           | CITY OR TOWN   | BERKLEY           |                          |
|-------------------------|---|---------------------------|--|-------------------|--------------------------|
| APPLICATION             | FOR RENEWAL: Annual LICENSED FOR 2013                 |                           |  |                   | 13                       |
|                         |   | CLASS                     |  |                   | YEAR                     |
| LICENSEE NA             | ME: BAYVIEW FOOI                                      | OS LLC                    |  |                   |                          |
| DOING BUSIN             | IESS A BAYVIEW CAP                                    | FÉ & VARIETY              |  |                   |                          |
| ADDRESS 93              | SOUTH MAIN STREET                                     |                           |  |                   |                          |
| CITY/TOWN:              | BERKLEY   | STATE: MA                 | ZIP CODE:  | 02779             |                          |
|                         | VERONNEAU, TY<br>DAVID P.                             | PE OF LICENSE: Pac        | ckage Store CA   | ATEGORY:          | Wine and<br>Malt Regular |
| EMAIL ADDR              | ESS:  |                           |  |                   |                          |
|                         | PLEASE ALSO VISIT OUR V                               | VEBSITE AND ENTER YOUR EN | MAIL ADDRESS   |                   |                          |
|                         | OF LICENSED PREMI                                     | ISES:                     |  |                   |                          |
| NO DISCRIPT             |   | f: 414.                   |  |                   |                          |
|                         | and swear under penaltie<br>enewed license will be of |                           | same premises now  | licensed:         |                          |
|                         | icensee has complied wit                              | • •                       | -  |                   |                          |
|                         | premises are now open for                             |                           | =  | •                 |                          |
|                         |   |                           |  |                   |                          |
| SIGNED BY               |   |                           |  |                   |                          |
|                         | Individual, Partne                                    | er or Authorized Corpo    | orate Officer  |                   |                          |
|                         |   |                           |  |                   |                          |
| DATE:                   |   |                           | EMPLOVED   | IDENTIFIC AT      | ION NI IMPER.            |
| TELEPHONE NUMBER:       |   |                           | EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number) |                   |                          |
|                         |   |                           | (Note: NOT Ind   | ividual Social So | ecurity Number)          |
|                         |   |                           | (Note: <u>NOT</u> Ind  | ividual Social So | ecurity Number)          |
|                         |   |                           | (Note: <u>NO1</u> Ind  | ividual Social So | ecurity Number)          |
| Please Check Below      | <u>w:</u>   |                           | LOCAL LICENS   |                   |                          |
| APPROVED:               |   |                           |  |                   |                          |
|                         | D:  |                           | LOCAL LICENS   |                   |                          |
| APPROVED:<br>DISAPPROVE | D:  |                           | LOCAL LICENS   |                   |                          |
| APPROVED:<br>DISAPPROVE | D:  |                           | LOCAL LICENS   |                   |                          |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM   | IBER: 009000019   |                                   | CITY OR            | TOWN      | BERKLEY      |             |
|---|---|-----------------------------------|--------------------|-----------|--------------|-------------|
| APPLICATION   | FOR RENEWAL:  | Annu                              | al                 | LICENS    | SED FOR 20   | 013         |
|   |   | CLAS                              | SS                 |           |              | YEAR        |
| DOING BUSIN   | ME: BERKLEY P<br>ESS A BERKLEY<br>BERKLEY STREE                       | PIZZA & GRILL                     |                    |           |              |             |
|   |   |                                   | MA ZID C           | ODE.      | 02770        |             |
| CITY/TOWN:  |   | STATE:                            |                    |           | 02779        |             |
| MANAGER:  | PAPPAS, JOHN  | TYPE OF LICEN                     | SE: Restaurant     | CA        | ATEGORY:     | All Alcohol |
| EMAIL ADDRI   | ESS:  |                                   |                    |           |              |             |
| DEGCRIPTION   | PLEASE ALSO VISIT OF LICENSED PR                                      | OUR WEBSITE AND ENTER             | YOUR EMAIL ADDRESS |           |              |             |
| ONE STORY B   | UILDING; CENTE<br>G, DINING AREA,<br>and swear under pen              | R SECTION, ONE<br>SMALL OFFICE, I | KITCHEN AREA       |           |              | E OF        |
| 2. the li   | enewed license will censee has complied remises are now open          | l with all laws of the            | Commonwealth 1     |           |              |             |
| SIGNED BY   | Individual, Pa  | artner or Authorized              | Corporate Office   | er        |              |             |
| DATE:   | TELEP   | HONE NUMBER:                      |                    |           |              | ION NUMBER: |
| Acts of 2004, si  | igned, attest that w<br>igned by the buildin<br>and (2) the certifica | ng inspector and th               | e head of the fire | e departn | nent for the | above       |
| Please Check Below<br>APPROVED: [<br>DISAPPROVEI<br>(If disapproved | D:  |                                   | LOCAL<br>By:       | LICENSI   | ING AUTHO    | ORITY       |
| DATE:   |   |                                   |                    |           |              |             |